

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/036,645 REISSUE	03/06/98	424	1634	1225/0C675.U

APPLICANT

DAVID BERD, WYNCOTE, PA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A RE OF 07/985,334 12/04/92 PAT 5,290,551  
WHICH IS A CON OF 07/520,649 05/08/90 abandoned

LBA

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

none

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

none

tba

LBA

FOREIGN FILING LICENSE GRANTED 03/24/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
Verified and Acknowledged Examiner's Initials	<u>LBA</u>	Initials			

ADDRESS

DARBY AND DARBY  
805 THIRD AVENUE  
NEW YORK NY 10022

TITLE

TREATMENT OF MELANOMA WITH A VACCINE COMPRISING IRRADIATED AUTOLOGOUS  
MELANOMA TUMOR CELLS CONJUGATED TO A HAPten

FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tim <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6219

SERIAL NUMBER 09/036,645	FILING OR 371(c) DATE 03/06/1998 RULE	CLASS 424	GROUP ART UNIT 1600	ATTORNEY DOCKET NO. 1225/0C675.U
<b>APPLICANTS</b> DAVID BERD, WYNCOTE, PA;				
<b>** CONTINUING DATA *****</b> This application is a REI of 07/985,334 12/04/1992 PAT 5,290,551 which is a CON of 07/520,649 05/08/1990 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 03/24/1998				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 1
Verified and Acknowledged Examiner's Signature	Initials	INDEPENDENT CLAIMS 1		
<b>ADDRESS</b> 028977				
<b>TITLE</b> TREATMENT OF MELANOMA WITH A VACCINE COMPRISING IRRADIATED AUTOLOGOUS MELANOMA TUMOR CELLS CONJUGATED TO A HAPten				
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		